



*City of Marlborough*  
MARLBOROUGH, MA 01752

**REQUEST FOR TRAINING/CONFERENCE**

Today's Date: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Title of Conference/Seminar: \_\_\_\_\_

Date: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>Expenses:</b>	Registration	\$ _____	Materials:	\$ _____
	Meals	\$ _____	Lodging:	\$ _____
	Other	\$ _____		
	Total Amount Requested: \$ _____			

Copies of informational brochures must be attached to this form and submitted to the Human Resources Dept.

☐ Approved

☐ Denied

\_\_\_\_\_  
Human Resources Director                      Date

\_\_\_\_\_  
Department Head                                      Date

\_\_\_\_\_  
City Auditor                                      Date

\_\_\_\_\_  
Supervisor (if applicable)                      Date

**Vendor No. and Amount must be completed before submitting to HR Dept.**

<b><u>AUDITOR INFORMATION:</u></b>	
VENDOR NO.	_____
AMOUNT:	_____
ACCOUNT NO.	_____
P.O. NO.	_____
APPROVED:	_____